

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031489

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1712

STATE FILE NUMBER

FILED AUG 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff		Length of stay in lb 3 Weeks	c. CITY OR TOWN Piedmont
c. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Hospital		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) 114A Fir
3. NAME OF DECEASED (Type or print) First Lutisha Middle C. Last Miller		4. DATE OF DEATH Month Aug. Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-17-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 79 IF UNDER 1 YEAR Months 7 Days 19 IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) Millspring Wayne Co. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jim Boatright		13b. MOTHER'S MAIDEN NAME Mahalia Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No.		14. NAME OF HUSBAND OR WIFE James S. Miller	
16. SOCIAL SECURITY NO.		17. INFORMANT Jesse Rayfield Cope Girardeau Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 8, 1963 to Aug 6 and last saw her/him alive on Aug 6 Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thelma R. Barber, M.D. (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 8-13-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-8-63	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) (State) Piedmont Mo.
24. FUNERAL DIRECTOR William Coder ADDRESS Piedmont Mo.		25. DATE RECD. BY LOCAL REG. 8/15/1963	
		26. REGISTRAR'S SIGNATURE Thelma R. Barber	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Fredmont Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.